



Jeff Sessions
UNITED STATES SENATOR • ALABAMA

FAX

TO:

CBP

OFFICE:

FAX NO:

(b) (6), (b) (7)(C)

FROM:

(b) (6), (b) (7)(C)

PHONE:

(b) (6), (b) (7)(C)

DATE:

3-12-2015

PAGES (including this cover sheet):

5

NOTE:

☐ D.C. OFFICE

335 Russell Senate Office Building
Washington, DC 20510-0104
Phone: (202) 224-4124
Fax: (202) 224-3149

☐ BIRMINGHAM

341 Vance Federal Building
1800 Fifth Avenue North
Birmingham, AL 35203-2171
Phone: (205) 731-1500
Fax: (205) 731-0221

☐ HUNTSVILLE OFFICE

AmSouth Center, Suite 802
200 Clinton Avenue, N.W.
Huntsville, AL 35801-4932
Phone: (256) 533-0979
Fax: (256) 533-0745

☒ MOBILE OFFICE

Colonial Bank Centre, Suite 2300-A
41 West I-65 Service Road North
Mobile, AL 36608-1201
Phone: (251) 414-3083
Fax: (251) 414-5845

☐ MONTGOMERY OFFICE

7550 Halcyon Summit Drive
Suite 150
Montgomery, AL 36117
Phone: (334) 244-7017
Fax: (334) 244-7091

Privacy Act Release

Date: 3-12-2015Social Security No. (b) (6), (b) (7)(C)

Claim No. _____

Dear Senator Sessions

I request your assistance in resolving the problem I am having with (agency) US Border Patrol

Give highlights, necessary dates and locations. Use second sheet if needed.

Sir, I am currently stationed at the Douglas, AZ Border Patrol Station
(4 years). I am requesting a compassionate transfer to New Orleans
sector, Mobile, AL station. as stated in my memos through my
station. my family (mother, father & Grandmother) all Senior's. My
mother (63) takes care of father (64) and Grandmother (93) both disabled.
Her health has declined over the years and needs assistance with
this care. I am requesting your assistance to approve a compassionate
transfer.

In keeping with the restrictions of the privacy act, you are authorized to request any information required to assist me.

Name: (printed) (b) (6), (b) (7)(C)

Last

First

Initial

Address: (b) (6), (b) (7)(C)(b) (6), (b) (7)(C)

City:

State

Zip

Home Phone: (b) (6), (b) (7)(C)

Work: () _____

Signature

(b) (6), (b) (7)(C)

Please return this form to:

Office of Senator Jeff Sessions
BB&T Bank Centre, Suite 2300-A
41 West I-65 Service Road North
Mobile, AL 36608-1291
(251) 414-3083 or (251) 414-5845 fax

1608 S. Kings Highway
Douglas, Arizona 85607

DGL 100/15.2.2



U.S. Customs and
Border Protection

January 20, 2015

MEMORANDUM FOR:

(b) (6), (b) (7)(C)

Chief Patrol Agent
Tucson Sector

FROM:

(b) (6), (b) (7)(C)

Border Patrol Agent
Douglas, Arizona

(b) (6), (b) (7)(C)

SUBJECT:

Re-Evaluation of Compassionate Transfer Request.

I am respectfully requesting a re-evaluation of my compassionate transfer request from the Tucson Sector, Douglas Arizona Border Patrol Station to the New Orleans Sector, Mobile Alabama Border Patrol Station. My Entrance on Duty is July 12, 2010, with class #940. The following is a list of stations in the New Orleans Sector with proximity to my family: (1) Mobile, Alabama Station (20 minutes), (2) Gulf Port, Mississippi Station (60 minutes), and (3) New Orleans, Louisiana Station (two and a half hours). I am requesting the Mobile, Alabama Station as my preferred station due to the close proximity to my family and the ability to respond if and when emergencies occur. I understand that the government is not financially responsible for this move, and that I am responsible for all expenses incurred, if my Compassionate Transfer is approved.

I was informed in November that my Compassionate Transfer Request to the New Orleans Sector, Mobile Alabama Border Patrol Station was denied, due to my family not living in the same house hold. I respectfully request that my request be re-evaluated. My family suffers from a multitude of medical illnesses. These illnesses have placed my family in dire straits both physically and financially. I have assisted my family both financially and physically (2 TDY's with extensions) as much as I could or was allowed due to job restraints (180 days TDY in a calendar year). My family cannot be relocated due to their poor health. The only option available to me is to be permanently transferred to the Mobile Alabama Border Patrol Station on a compassionate Transfer.

My daughter has been placed on a heart monitor to study an irregular heartbeat (Heart Murmur) which causes pain when she is active or exerts herself. My daughter has been on the monitor since the end of November and they are still unable to locate the source of her pains. I have attempted to retrieve medical information but my ex-wife refuses to release in fears that I will use to information for child custody hearings. My ex-wife has also been diagnosed with Lupus and fears that this information will also be used against her in court. My daughter currently resides with my ex-wife at (b) (6), (b) (7)(C). They (my ex-wife and daughter) live with my ex-wives sister and brother in-law in (b) (6), (b) (7)(C) about 15 minutes from my parent's house.

Compassionate Transfer Request.

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My mother has recently been diagnosed with a lung infection which causes her to be frequently short of breath. This also affects her emphysema and bronchitis. Recently, December 2014, my grandmother slipped and fell fracturing her pelvis in 2 places. She is now on complete bed rest until the doctor releases her. Both my parents and my grandmother reside at (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) the same residence that I will be staying if granted this Compassionate Transfer.

My mother suffers from Rheumatoid Arthritis. She is the sole caretaker for my father and grandmother, and must monitor their daily medications. My father suffers from Hypertension, Thyroid disease, Depression, Obesity, Hypoxemia and has a history of restrictive pulmonary disease mixed hyperlipidemia and Edema. My grandmother suffers from several chronic medical conditions to include legal blindness, Restless Leg Syndrome and Dementia and the onset of Alzheimer's.

As I have stated before I do love my job and the opportunities that the Border Patrol has provided to me. The medical needs of my family have worsened over the past 2 years and they now require my assistance more than ever. This request is being submitted based on the dire emergency that my family is facing due to declining health. I am requesting this transfer so that I can continue assisting my family with the medical and financial needs of my father (64 years of age), mother (63 years of age) and grandmother (92 years of age).

I have enclosed documents from the doctors and Hospice caregivers who are providing medical assistance to my family. These documents confirm all of the medical conditions and recommendations from health caregivers on behalf of my family. These documents also show the need for my physical and financial assistance on their behalf. I have also enclosed a copy of the Power of Attorney documents showing where I have been made Designated Agent and Executor of Estate, over both of my parents. My Mother has Power of Attorney over my grandmother. However if something should happen to my mother I become Designated Agent over my grandmother as well.

I thank you for your time and understanding in this very personal matter and ask that you please consider all the information enclosed as you make your decision. If any further questions on this matter need to be answered, please contact me on my mobile phone (b) (6), (b) (7)(C) I can be contacted at this number at any time.

Attachments

Compassionate Transfer Request.
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Supporting Documentation from Doctors and Healthcare givers.